

CANDIDATE REPORT OF 2008
RECEIPTS AND DISBURSEMENTS

Name of Candidate John O. Read
Address 2396 Robert Hiram County JACKSON
Telephone (Work) 228-497-4090 (Home) 228-497-9852 (Fax) Same
Contact Name Same Email Address _____
Office Sought House of Rep (Ds-112) Political Party Rep

☐ Check here if above is different from previous report

TYPE OF REPORT

• CHECK THE CATEGORY OF REPORT YOU ARE SUBMITTING •

- ___ October 28, 2008 Pre-Election Report (January 1, 2008, through October 25, 2008).....Mandatory
___ November 18, 2008 Pre-Runoff Report (October 26, 2008, through November 15, 2008).....Runoff Candidates
✓ January 31, 2009 Annual Report (January 1, 2008, through December 31, 2008).....Mandatory
___ Termination Report (Candidate will no longer accept contributions or make campaign expenditures and has no outstanding campaign debt or obligations.) Required to terminate reporting obligations

IMPORTANT

- (1) Periodic reports are mandatory, even if no contributions or expenditures have occurred. In such case, the candidate shall submit a report indicating "0" (Zero) for total amount of reported contributions and expenditures during this period.
(2) Until a candidate files a termination report, annual and periodic reports must still be filed in accordance with Miss. Code Ann. § 23-15-807 (b) (ii) and (iii).
(3) The appropriate office must be in actual receipt of the required reports by 5:00 p.m. on the reporting day. If the deadline falls on a weekend or a holiday, the office must be in actual receipt of the required reports by 5:00 p.m. on the first working day before the deadline. Faxed reports are acceptable.
(4) Contributions in excess of \$200 received after the reporting period but more than 48 hours before 12:01 a.m. on the day of the election must be reported by FAX or otherwise within 48 hours of the contribution. Use separate form "48 Hour Report" to report such activity.

REPORTED CONTRIBUTIONS AND DISBURSEMENTS

(itemized + non-itemized)

			Total This Period	Calendar year-to-date
Total amount of contributions \$	3000	+\$ 0 NC.	\$ 3,000	\$ 12,755 ⁰⁰
Total amount of disbursements \$	3364	+\$ 0 NC	\$ 3,364	\$ 3364
Total amount of cash on hand \$			7,394 ⁰⁰	

I certify that I have examined this report and to the best of my knowledge and belief it is true, accurate, and complete.

(Signature of Candidate)

(Date)

Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et. seq. for statutory requirements.

Penalties: Failure to submit required reports, or failure to submit reports in accordance with statutory deadlines, or failure to submit valid reports shall result in fines of \$50 per day and/or prosecution in accordance with Miss. Code Ann. §§ 23-15-811 and 813 (1972).

- SEND TO:
1. Candidates for statewide, state district, multi-county and all legislative offices should return form to Delbert Hosemann, Secretary of State, Elections Division, P.O. Box 136, Jackson, MS 39205 or fax to 601-359-1499 or 601-576-2819.
 2. Candidates for countywide and county district offices should return forms to their county Circuit Clerk.

RECEIVED
JAN 29 2009

Secretary of State
Capitol Office

Name of Candidate or Committee John D. Reed
 Reporting period _____ through 01/01/09

Page 1 of 2

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>AstraZeneca</u>	<u>08/15/08</u>	\$ <u>400⁰⁰</u>
Mailing Address <u>7516 Jeanette St</u>	<u>—/—/—</u>	\$
City, State, Zip Code <u>New Orleans, LA 70118</u>	<u>—/—/—</u>	\$
Name of Employer (Required) <u>Adriana Spencer</u>	<u>—/—/—</u>	\$
Occupation (Required) <u>AD State Gov Affairs</u>	Aggregate year-to-date	\$ <u>400⁰⁰</u>
B. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Bayer Health Care</u>	<u>08/15/08</u>	\$ <u>300⁰⁰</u>
Mailing Address <u>444 Pembroke Dr</u>	<u>—/—/—</u>	\$
City, State, Zip Code <u>Madison, MS 39110</u>	<u>—/—/—</u>	\$
Name of Employer (Required) <u>Mike Birdsong</u>	<u>—/—/—</u>	\$
Occupation (Required) <u>Dir State Gov. Affairs</u>	Aggregate year-to-date	\$ <u>300⁰⁰</u>
C. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Mississippi Dental PAC</u>	<u>08/05/08</u>	\$ <u>300⁰⁰</u>
Mailing Address <u>2630 Ridgewood Rd</u>	<u>—/—/—</u>	\$
City, State, Zip Code <u>Jackson MS 39216</u>	<u>—/—/—</u>	\$
Name of Employer (Required) <u>W. Craig Martin DMD</u>	<u>—/—/—</u>	\$
Occupation (Required) <u>MDPAC Chair</u>	Aggregate year-to-date	\$ <u>300⁰⁰</u>
D. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Abbott Employee PAC</u>	<u>10/06/08</u>	\$ <u>250⁰⁰</u>
Mailing Address <u>4708 Hilldale Dr</u>	<u>—/—/—</u>	\$
City, State, Zip Code <u>Knoxville, TN 37914</u>	<u>—/—/—</u>	\$
Name of Employer (Required) <u>Letonia Armstrong</u>	<u>—/—/—</u>	\$
Occupation (Required) <u>Reg. Dir State Gov. Affairs</u>	Aggregate year-to-date	\$ <u>250⁰⁰</u>

Name of Candidate or Committee John O'RearReporting period _____ through 01/31/05

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Wyeth Pharmaceutical PAC</u>	<u>12/05/08</u>	\$ <u>250.00</u>
Mailing Address <u>909 Wilson Ave</u>	<u>1/1/</u>	\$
City, State, Zip Code <u>Tullahoma, TN 37388</u>	<u>1/1/</u>	\$
Name of Employer (Required) <u>Patricia Cannon</u>	<u>1/1/</u>	\$
Occupation (Required) <u>Dir State Gov. Affairs</u>	Aggregate year-to-date	\$ <u>250.00</u>
B. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Lea & Associates</u>	<u>12/15/08</u>	\$ <u>250</u>
Mailing Address <u>PO Box 6663</u>	<u>1/1/</u>	\$
City, State, Zip Code <u>Baton Rouge, LA 70896</u>	<u>1/1/</u>	\$
Name of Employer (Required) <u>Charles Lea</u>	<u>1/1/</u>	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>250</u>
C. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Georgia-Pacific</u>	<u>11/30/08</u>	\$ <u>250</u>
Mailing Address <u>PO Box 61270</u>	<u>1/1/</u>	\$
City, State, Zip Code <u>Phoenix, AZ 85082</u>	<u>1/1/</u>	\$
Name of Employer (Required) <u>George Guidry</u>	<u>1/1/</u>	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>250</u>
D. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Cherlon Pascagoula, ms</u>	<u>11/24/08</u>	\$ <u>1,000</u>
Mailing Address <u>PO Box 1300</u>	<u>1/1/</u>	\$
City, State, Zip Code <u>Pascagoula, MS 39568</u>	<u>1/1/</u>	\$
Name of Employer (Required) <u>Steve Renfree</u>	<u>1/1/</u>	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>1,000</u>

Name of Candidate or Committee John O. Bend
 Reporting period through 01/31/09

ITEMIZED DISBURSEMENTS

A. Full name <u>Cellular South</u>	Date (Mo., Day, Year) ____/____/____	Amount of each disbursement this period \$
Mailing Address _____ _____ _____	____/____/____	\$
City, State, Zip Code <u>Medulla</u>	____/____/____	\$
Purpose of Disbursement (Optional) <u>Phone bill for 6 months</u>	Aggregate Year-to-date	\$ <u>1,864.00</u>
B. Full name <u>JES Naulton</u>	Date (Mo., Day, Year) ____/____/____	Amount of each disbursement this period \$
Mailing Address _____ _____ _____	____/____/____	\$
City, State, Zip Code <u>Idaho</u>	____/____/____	\$
Purpose of Disbursement (Optional) <u>Pencil & Pen</u>	Aggregate Year-to-date	\$ <u>500.00</u>
C. Full name <u>Garter Dixie Youth</u>	Date (Mo., Day, Year) ____/____/____	Amount of each disbursement this period \$
Mailing Address _____ _____ _____	____/____/____	\$ <u>500.00</u>
City, State, Zip Code _____ _____ _____	____/____/____	\$
Purpose of Disbursement (Optional) <u>Baseball Sign</u>	Aggregate Year-to-date	\$ <u>500.00</u>
D. Full name <u>Unleash Youth Ball</u>	Date (Mo., Day, Year) ____/____/____	Amount of each disbursement this period \$
Mailing Address _____ _____ _____	____/____/____	\$
City, State, Zip Code <u>Vancouver</u>	____/____/____	\$
Purpose of Disbursement (Optional) <u>Baseball Sign</u>	Aggregate Year-to-date	\$ <u>500.00</u>
E. Full name _____ _____ _____	Date (Mo., Day, Year) ____/____/____	Amount of each disbursement this period \$
Mailing Address _____ _____ _____	____/____/____	\$
City, State, Zip Code _____ _____ _____	____/____/____	\$
Purpose of Disbursement (Optional) _____ _____ _____	Aggregate Year-to-date	\$
F. Full name _____ _____ _____	Date (Mo., Day, Year) ____/____/____	Amount of each disbursement this period \$
Mailing Address _____ _____ _____	____/____/____	\$
City, State, Zip Code _____ _____ _____	____/____/____	\$
Purpose of Disbursement (Optional) _____ _____ _____	Aggregate Year-to-date	\$